## ART B - FEE(S) TRANSMITTAL

Complete and send this form, together with approable fee(s), to: Mail

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(703) 746-4000



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**OLIFF & BERRIDGE, PLC** P.O. BOX 19928 **ALEXANDRIA, VA 22320** 

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Certificate of Mailing or Transmission

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TOTAL PERCENDIE

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/694,802	10/29/2003	Dai Matsuoka	117624	9455

TITLE OF INVENTION: CHIP SHAPED ELECTRONIC DEVICE AND A METHOD OF PRODUCING THE SAME

APPLN. TYPE	SMALL ENTITY	1220E FE	ie	PUBLICATION FEE	IOIALI	EE(3) DOE	DATEBOE	
nonprovisional	NO	\$1330		\$300	\$	1630	10/25/2004	
EXAM	MINER	ART UN	IT	CLASS-SUBCLASS	]			
DINKINS,	ANTHONY	2831		361-305000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 register	nting on the patent front page, li umes of up to 3 registered pater OR, alternatively, me of a single firm (having as attorney or agent) and the nan ed patent attorneys or agents. If name will be printed.	a member a	1 OLIFF 23	& BERRIDGE,	PLC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TDK CORPORATION

Tokyo, Japan

Please check the appropriate assignee category or categories (will	not be printed on the patent);	☐ individual	Excorporation or	other private gro	oup entity	government g
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):					
XXIssue Fee	XXA check in the amo	unt of the fee(s)	is enclosed. Ck	. #158230	$(\$1,\epsilon$	30.00)
XXPublication Fee (No small entity discount permitted)	☐ Payment by credit of	ard. Form PTO-	2038 is attached.			
☐ Advance Order - # of Copies	XX The Director is he Deposit Account Num	reby authorized aber 15-04	by charge the request (er	uired fee(s), or one conclose an extra co	redit any	overpayment, to form).
5. Change in Entity Status (from status indicated above)						-

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

XXb. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Date) (Authorized Signature) 9/9/04 50,559 Reg. No.

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